

EXTRACURRICULAR ACTIVITIES

STUDENT PARTICIPATION

CONSENT AND WAIVER-RELEASE FORM

In consideration of my permission for the student named below to participate in the activity indicated below, the undersigned Parent/Guardian hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to my student arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Fresno Unified School District, its Governing Board of Trustees, officers, employees, and agents for liability based on any and all claims including, but not limited to, for personal injury, bodily injury, property damage or wrongful death occurring to my student arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and from whatever period said activities may continue.

I acknowledge that my student has been advised of all safety rules pertaining to the activity and the use of protective equipment, if any, by participants. I fully understand that participants are to abide by all rules governing conduct during the activity and that reasonable efforts are made to avoid the potential for accidents and injuries.

I also acknowledge that participants will engage in various physical and practical training, competitive athletics, or other interactions with others involving a variety of indoor and outdoor environments, physical interactions, physical contact, and other mobile activities. The specific risks vary from one activity to another, but the risks range from, for example: 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as fractures, dislocations, back injuries, heart attacks, heat stress, and concussions, 3) injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19, and 4) catastrophic injuries including paralysis and death. I know, understand, and appreciate these and other risks are inherent to the activity in which my student will engage and/or to the environment where interactions will occur.

I agree to indemnify and hold harmless the Fresno Unified School District, its Governing Board of Trustees, officers, employees and agents from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my child's participation in the activity indicated. The Parent/Guardian further expressly agrees that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I acknowledge that we knowingly, voluntarily, and expressly assume all risks of personal injury, bodily injury, property damage or wrongful death occurring to my student arising in any way whatsoever as a result of engaging in the activity indicated or any incidental activities wherever or however they may occur and for whatever period the activities may continue.

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I represent and warrant that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Student Name: _____ Activity/Sport: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event my student should require emergency medical attention due to illness or injury, I consent to any transportation, x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary by health care professionals for the safety and welfare of my student. I further understand that, as parent/guardian of student, I will be responsible for any and all resulting and related expenses.

Parent/Guardian Signature _____ Date _____